



HOME CARE INSTRUCTIONS FOR NEWBORNS AND NEW MOTHERS

These instructions are also available on the Northern Ostrobothnia Hospital District website:

http://www.ppshp.fi/synnytys_ja_naistentaudit, Postnatal ward 13.

NEWBORNS

A newborn baby should never be left alone on the changing table without supervision!

RISK OF INFECTION

A newborn baby is very susceptible to infection, and therefore visits from people with a cold or cough should be avoided. Particular attention must be paid to the hand hygiene of all members of the family as most germs are passed on by hands.

TEMPERATURE

The normal body temperature of a newborn is 36.5–37.5 °C. It is not necessary to take the child's temperature every day unless the skin feels cool or feverish. The baby must be appropriately dressed.

JAUNDICE

The yellow colour of the baby's skin is at its strongest at the age of two to four days, and it can be seen in a mild form in almost half of all newborns. The colour is due to a build-up of bilirubin, making the baby's skin and the whites of his eyes look slightly yellow. Mild jaundice does not require any treatment, but babies with a high level are treated with blue light therapy. More frequent feeds and a sufficient supply of milk may help to prevent and reduce the level of jaundice. In addition to yellowness, a high level of bilirubin may cause tiredness and poor feeding. If your baby is showing any of these signs, you should contact the ward from where the newborn was sent home, the children's emergency clinic or the health visitor. The telephone numbers are on the last page of these instructions.

FEELING UNWELL, TIREDNESS, LISTLESSNESS, UNUSUAL BREATHING, POOR COLOUR, POOR FEEDING, FREQUENT VOMITING, CONSTANT CRYING, LOW BODY TEMPERATURE OR FEVER, SENSITIVITY TO TOUCH, STIFFNESS

Infections or other illnesses or abnormalities in newborns cannot always be diagnosed during the paediatrician's discharge check-up. If a newborn is showing any of the above signs at home, you should contact the ward from where the newborn was sent home, the children's emergency clinic or the health visitor.

BABY'S NUTRITION AND BREASTFEEDING

Breast milk is usually enough to satisfy the dietary needs of a healthy, full-term baby of normal weight for the first month of his life. The breast milk in the first few days, colostrum, is usually fairly thick and its colour may vary from creamy yellow to transparent. When the baby is feeding from the breast at frequent intervals, the amount of milk starts to increase and the actual milk usually starts to come in after 2–5 days from birth.

HOW WILL THE MOTHER KNOW THAT THE BABY IS GETTING ENOUGH BREAST MILK?

A baby under a month old should be feeding at the breast 8–12 times in 24 hours. When the mother is producing enough milk, you can hear the baby swallowing the milk and the baby is satisfied at the end of the feed. After coming home, you can also estimate if a newborn baby is getting enough milk from the wetting of the nappy and the amount of stools: the baby should be producing an average of 5–7 clearly wet nappies per 24 hours after coming home. During the first 48 hours, the baby will produce meconium



at least once every 24 hours. After the first few days, the stools of a breastfed baby will turn into pale yellow, loose and sweet-smelling milk stools. In the first few months, the number of the baby's bowel movements will vary from one baby to another from several times a day to once every few days.

A steady weight increase is the most reliable sign of a sufficient milk supply. The baby's weight will fall in the first days by an average of seven per cent, but it will usually start to rise at the age of 4–5 days if the baby is getting enough food. The birth weight is regained by the age of 7–10 days. Once the weight starts to increase, it will rise by an average of 150–200 g per week for the first few months.

INSUFFICIENT SUPPLY OF BREAST MILK

If there is reason to suspect that your baby is not getting enough milk, it may be because the milk has not started to come in properly or the baby is not suckling the milk offered to him. You can help the baby suckle the available milk from the breast by improving the latching-on and nursing technique, by increasing the number of feeds and by having plenty of skin contact. The baby must be breastfed whenever he is showing signs of wanting to nurse. These signs include opening the mouth and turning the head to one side, licking the lips, taking a hand to the mouth, and sucking the fingers or fist. These signs indicate that the baby is hungry even before he is crying. Breastfeeding positions include sitting down, lying down or the underarm position. To start nursing, the mother positions the baby on his side against herself so that the nipple is clearly above the baby's upper lip, almost by the nose. When latching onto the breast, the baby lifts the head back and opens the mouth so that the nipple is just in front of the mouth. The mother can encourage the baby to suckle by touching the baby's lips with her nipple or by squeezing a few drops of milk onto the baby's lips. When properly latched onto the breast, the baby's mouth is fully open and he has the nipple and some of the areola in his mouth. The baby's chin touches the breast, keeping the nose clear. In the correct position and the correct latch, the baby will suck rhythmically. The latch-on is wide and the baby's lips are not pursed. With the correct latching position, the baby will suckle efficiently. Breastfeeding is not painful for the mother, and the nipple is evenly round after feeding.

If the mother has plenty of milk but the baby is unable to suckle, the mother can express milk and feed the baby from a bottle. If the mother is concerned that she is not producing enough milk, she should contact the health visitor for advice.

In addition to instructions received at the hospital, information about the baby's nutrition and breastfeeding is available in the leaflet entitled *Imetys – yhteisen matkamme alku* and on the Internet at http://www.ppshp.fi/synnytys_ja_naistentaudit, as well as from the child health clinic.

SKIN CARE

The baby can be bathed 1–2 times a week. If necessary, you can add a few drops of baby oil to the bath water if the baby's skin is dry. The baby's face and eyes should be cleaned every day. Skin folds should be checked and, if necessary, cleaned. You can use baby powder to relieve irritated skin. It is not necessary to use creams on a newborn's skin on a regular basis. You can apply mild barrier cream in the nappy area and sometimes leave the nappy off for a while to let air get to the skin. Newborn babies have sensitive skin and therefore they may get spots or red blotches that do not need special treatment. Video instructions on how to give your baby a bath are available on the hospital district's website: www.ppshp.fi/ensikylvetys

CARING FOR YOUR BABY'S BELLY BUTTON

After cutting, the umbilical cord will be clamped. The clamp closes the belly button safely and effectively and will not open by itself. If the clamp is still in





place when you take the baby home, it should be removed on the third day from birth by squeezing the clamp lengthways with your thumb and forefinger (see picture).

The umbilical stump normally takes about 4 to 14 days to fall out, depending on its thickness. At home, the base of the umbilical stump should be **cleaned** every day with clean water and cotton buds. After that, it should be **carefully dried** with a dry cotton bud. After the umbilical stump has dropped off, carefully clean and dry inside the belly button once a day for a few days, and after that dry it after every wash. If the belly button is red or if it smells, it can be cleaned with an antiseptic, non-sting preparation on several occasions, when you change the nappy. If a red, flame-like pattern appears on the skin above the belly button, you should contact the health care services as the baby may have an infection that requires treatment.

EARLY INTERACTION

Early interaction is connected to the child's psychological and social development. It is important for the baby to be close to his parents and listen to their voices. Being together as a family gives the baby experiences of being with his parents, which are necessary for development. The parents learn to recognise and respond to the needs of the newborn baby. The stimulation in the baby's own home is enough for a small baby, and the most important of these are being held close, the eyes of his mother and father, interaction with parents and playing together. Confident, calm handling increases the baby's feeling of security. Lift the child from the lying position on his side, and lay him down again in the same way. By doing this, the child stays relaxed. The recommended sleeping position for a newborn is on his back. Placing the baby to sleep on his front seems to increase the risk of cot death.

TAKING THE BABY OUT

You should start taking the baby out for a walk for 5–15 minutes when he is a couple of weeks old, depending on the time of year. The time should be gradually increased day by day. In wet or windy weather, be careful when taking a newborn baby out for fresh air. You should not take the baby out in very cold weather with temperatures below -10 °C. In the summer, you can start taking the baby out immediately as long as you protect him against direct sunlight and mosquitoes. Choose the baby's clothing according to the weather. The temperature in the pram can be monitored by placing a bath thermometer inside the pram.

VITAMIN D DROPS

Vitamin D3 supplements are given to the baby from the age of 2 weeks according to the instructions given by the child health clinic. Five drops of vitamin D are given once every 24 hours, starting with a dose of one drop per 24 hours. The drops are administered either by dropping them straight into the baby's mouth or mixed in with a little milk, e.g. with a teaspoon.

CALMETTE VACCINATION

As from 1 September 2006, only newborn babies with an increased risk of contracting tuberculosis are vaccinated in Finland.

NEW MOTHERS

MATERNITY CARD, MATERNITY LEAVE AND POSTPARTUM RECOVERY

At the hospital, you will be given a maternity card to take home with you. The mother must contact the health visitor herself so that the health visitor will be aware that she is going home. During maternity leave, the mother recovers from the changes caused by delivery. The mother should try and get some rest



throughout the day because the child will change the previous routine of the home with respect to normal sleeping patterns. It is important to take regular exercise and fresh air outside to improve your condition and normalise your weight. You will receive home care instructions on postpartum recovery from the hospital.

CARE OF YOUR BREASTS AND SURPLUS BREAST MILK

When you first start to breastfeed your baby, your nipples may become sore and red. You may also get blisters and cuts. Nipples are often at their most sensitive on the third day from starting breastfeeding, but the soreness usually improves over the course of a week. A good breastfeeding position and the correct latching position of the baby will prevent or at least reduce nipple soreness. You can take care of your sore and ulcerated nipples by squeezing out a drop of milk onto the nipples after breastfeeding, with ointments available from the pharmacy (e.g. lanolin), and by giving your nipples air baths and warm water baths.

A few days after birth, your breasts may become engorged along with increased milk production. In normal physiological engorgement, full breasts are hot, heavy and hard, and the milk flows freely. However, your breasts may become so engorged that they are painful and swollen. The mother cannot breastfeed properly and it is difficult for the baby to latch onto the breast and suckle. There may also be a slight increase in your body temperature. Frequent feeds are important when treating engorged breasts. Pain and swelling can be reduced with cabbage leaves and cool dressings.

Later on during breastfeeding, the mother may feel a pain-free (sometimes sore), small and hard lump in her breast. This kind of blockage of the milk duct is usually caused by the breast or part of it not emptying properly. The mother does not usually run a temperature and she feels fine. A blocked milk duct is treated by emptying the breast throughout the day and night. Breastfeeding should be started with the blocked breast. If necessary, you can use painkillers. The most common reason for breast infection, i.e. mastitis, is a milk duct blockage. A breast infection is usually one-sided and appears in the first few weeks of breastfeeding. Symptoms may include heat and redness in the breast and high temperature (over 38.5 °C). If you are experiencing such symptoms, please contact the health centre. Breast infection is caused by bacteria and requires a course of antibiotics. During the course of antibiotics, it is necessary to breastfeed frequently. If it is not possible to breastfeed or the baby refuses to feed from the infected breast, it is emptied with a breast pump. Other treatments according to symptoms include rest, treatment of the high temperature, taking plenty of fluids, and medication by painkillers (e.g. ibuprofen).

If you are producing more milk than the baby needs, the milk can be expressed and frozen. Breast milk can be stored in a freezer for up to 3 months. Use defrosted breast milk within 24 hours. Surplus milk can also be sold to the OUH breast milk bank, tel. (08)3155324 (www.ppshp.fi/Potilaillejaläheisille/Palvelupisteet/Ravintolat/OYS/Maitokeskus) from where you can get [further information about donating breast milk](#). BREAST MILK IS PRECIOUS AND SHOULD NEVER BE THROWN AWAY!

LOCHIA, STITCHES AND CLEANLINESS

An episiotomy including stitches will usually heal within 3–5 weeks. Lochia will normally last for 4–6 weeks. The discharge will diminish gradually, turning light and mucousy. Continuous bloody discharge, an unusual smell or high temperature are not normal, so if you are experiencing any of these, please contact the health visitor or doctor. The start of the first period after childbirth depends on the individual. Some women do not start their period until 4–8 months after birth, depending on breastfeeding and other things.



You must take good care of your personal hygiene to avoid infections. It is normal to perspire more than usual during the first several weeks after giving birth. The best way to have a wash is to take a shower or a sauna (however, avoid very high heat). Wash your genital area and change your sanitary towel every time you use the toilet.

NUTRITION

The quality and quantity of the food you eat are important after giving birth. You need more protein, iron and vitamins in your diet as the production of breast milk increases their need. Dairy products, eggs, liver, low-fat meat, fish and vegetables are good basic foodstuffs. Don't forget to drink plenty of fluids! The best drinks are milk, sour milk, fruit juice and water.

MOODS

After giving birth, your moods may change a lot; you may feel sad or weepy at the slightest things. This sensitivity is normal and partly due to hormonal changes.

MEDICINES, SMOKING AND ALCOHOL

For slight ailments, such as a headache, you can temporarily use painkillers that are available over the counter (e.g. Burana, Para-Tabs). If you see a doctor, you must mention that you are breastfeeding. Smoking has been found to reduce milk supply. Nicotine passes to the baby from the mother's milk and causes symptoms. For breastfeeding mothers, nicotine replacement therapy is a better alternative than smoking. Short-acting nicotine preparations are preferred forms of nicotine replacement therapy. Alcohol also passes into breast milk and therefore you should avoid it while breastfeeding.

GOING HOME

Giving birth as a hospital outpatient must always be agreed on in advance with the health visitor. If the mother is giving birth as an outpatient (i.e. she goes home directly from the delivery ward), the mother must contact the health visitor at her own child health clinic as soon as possible during office hours because the first home visit must take place within 24 hours of delivery.

If the mother and baby go home within 48 hours of delivery, they will have a medical check-up within 2–4 days of going home at the early postpartum discharge clinic (LYSY) at OUH or at their own child health clinic, depending on the situation. You must bring the maternity card with you!

If the mother and baby go home between 48 and 72 hours after delivery, the appointment with the health visitor must take place within one week of going home. The mother must contact the child health clinic on the day of going home, preferably while still in hospital, to make sure that the matter is in hand.

POSTNATAL CHECK-UP

The mother's postnatal check-up takes place 12 weeks after delivery at the latest. Until then, the mother is registered at the maternity clinic. In the postnatal check-up, the mother's general health and recovery from birth will be examined. If necessary, she will be referred to follow-up treatment. The postnatal check-up is regarded to be so important that the payment of the remainder of the maternity allowance depends on it. It is also possible to discuss family planning matters in connection with the postnatal check-up. You should be aware that it is possible to conceive even before you have had your first period after delivery.

IN PROBLEM SITUATIONS

If you have any problems at home during the first week and the health visitor is unavailable, you can



contact the ward at the maternity hospital where you were last treated before going home.

Ward 13/I tel. (08) 315 3140

Ward 13/ II tel. (08) 315 3130

Ward 11 tel. (08) 315 3110

or:

Maternity ward / Maternity reception tel. (08) 315 3198

Early postpartum discharge clinic tel. (08) 315 3199

OUH, Paediatric emergency unit tel. (08) 315 5260